



Vehicle/Field Trip Request

Date of Trip: _____
Departure Time: _____
Return Time: _____

Name: _____

Grade: _____

JH & HS Specific Subject/Class(es): _____
(MUST include Class Period(s) & Class List)

Destination: _____

Type of Vehicle: School Van School Bus Drivers Education Car Activity Bus

Teacher Driven? Yes* No* Driver's License #: _____

Depart from: South Door-H.S. Rear Parking Lot
 Front of High School Front of Grade School

Number attending: Students Adults

***NOTE: For reimbursable field trips, teachers must attach a class list to this form.**

Describe the educational benefits and list the applicable State Standards of this field trip:

Will a substitute be necessary? Yes (# of days) No

Estimated Field Trip Costs (must be completed before trip approval)

Bus \$1.25 per mile Van \$0.62 per mile
Driver \$12.50 per hour Sub teacher \$47.50 for half day or \$95 for full day
Other fees

Total Estimated Cost \$ _____

Is this a PTO-funded trip? Yes* No

***If yes, you must complete a PTO payment order!)**

Upon returning from the trip, request bill for the amount agreed to be reimbursed to the district.

Principal's Signature

Date

Approved
 Not Approved

Superintendent's Signature

Date

Approved
 Not Approved

Transportation Director Signature

Date

Scheduled
 Not Scheduled